

**DoD/VA Practice Guideline for Primary Care:  
Management of Low Back Pain (LBP)**

1. Evaluate for serious health problems.
  - Look for **red flags** during history, neuro assessment, and physical exam.
    - **Major trauma**
    - **Age > 50**
    - **Persistent fever**
    - **History of cancer**
    - **Metabolic disorder**
    - **Major muscle weakness**
    - **Bladder or bowel dysfunction**
    - **Saddle anesthesia**
    - **Decreased sphincter tone**
    - **Unrelenting night pain**
  - Refer patient with bowel or bladder symptoms immediately to ortho or neurosurgery.
  - Nonemergent red flag cases, assess with diagnostic tests for consult/referral.
2. **Provide conservative treatment** for acute LBP patients ( $\leq 6$  weeks duration).

*Remember that 70% of patients improve by 2 weeks; 90% improve by 4+ weeks*

  - **NSAIDs and Tylenol®** are the meds of choice; opiates/muscle relaxants give no additional proven benefit.
  - **Modified light activity** improves outcome.
  - **Instruct patient in self-care** and to call if pain gets worse. *over*

2. **Provide conservative treatment for acute LBP patients (*continued*)**
  - X-rays and MRIs are of proven benefit only in specific situations.
  - Bed rest of more than 48 hours is of no additional proven benefit.
  - Manipulation may be helpful if no sciatica.
3. **Evaluate patients who get worse.**
  - Re-evaluate worsening patients quickly.
4. **Evaluate patients who do not improve.**
  - Re-evaluate after 4-6 weeks.
  - Take history and perform physical exam to rule out other serious problems.
  - Use self-report questionnaires for psychological distress/risk factors.
5. **Manage chronic (>6 weeks duration) LBP or sciatica (radiating pain below knee).**
  - Do appropriate diagnostic tests for consult/referral.
  - For active duty soldiers with either condition (not improving >6 weeks), assess for disposition.



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